

**WASHINGTON STATE GAMBLING COMMISSION**

LOCATION: 4565 7th Avenue SE, Lacey WA 98503

MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400

TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631

TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637

WEB SITE: www.wsgc.wa.gov

ANNUAL RENEWAL APPLICATION FOR COMMERCIAL BUSINESS**SPECIAL INSTRUCTIONS:**

1. Complete the entire application and follow the instructions set out in the renewal notice. Be sure to return it to our office on or before the date required. Failure to do so may jeopardize the operation of your gambling activity(ies).
2. For timely processing of your organization's renewal license, please ensure the highest-ranking executive officer (president or equivalent) signs the application.
3. For help, please contact a licensing technician at any of the above telephone numbers.

THIS FORM WILL BE READ BY A VERY SENSITIVE SCANNING DEVICE

Please use the following examples to fill out this form:

Print with a black ballpoint pen and press firmly, or use a typewriter.

- For optimum accuracy, please print in capital letters and avoid contact with the edge of the box. The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

1	2	3	4	5	6	7	8	9	0
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- Please 'X' the boxes. Do NOT shade-in or use '✓'.

'X' Boxes Like This →	<input checked="" type="checkbox"/>
Not Like This →	<input type="checkbox"/>

- When asked for additional lists or comments, the information must be neatly printed or typewritten on sheets of white 8 ½ X 11 inch paper.
- When asked for legal or business documents, the copies must be clean and legible and marked so the document can be identified to the question being asked.

PLEASE MARK ☒ WHICH LICENSE(S) TYPE AND CLASS(ES) YOU ARE RENEWING.

<input type="checkbox"/> Manufacturer (20)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Distributor (21)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Service Supplier (26)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> PB / PT Service Business (27)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Punch Board / Pull-Tab (05)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Public Card Room (65)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Public Card Room – F Endorsement (65)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Public Card Room – House-Banked (67)	# of Tables: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Commercial Amusement Games (53) (52)	Class: <input type="text"/>	Fee: \$ <input type="text"/>
<input type="checkbox"/> Fund-Raising Event Equipment Distributor (28)	Class: <input type="text"/>	Fee: \$ <input type="text"/>

TOTAL FEES SUBMITTED: \$ **Business Office Use Only:**Code: 211- Date: / / Amt: \$.00 Val #: Code: 211- Date: / / Amt: \$.00 Val #: Code: 211- Date: / / Amt: \$.00 Val #:

Type of business structure. Mark ☒ one and complete the sections that apply to your business.

☐ Sole Proprietorship☐ Partnership☐ Corporation☐ LLC

1. Applicant: _____

Use Full Name, Corporate or Partnership name

Highest Ranking Individual:

Last Name: _____

First Name: | | | | | | | | | | | | | | | | | | | | MI: |

Title: _____

[illegible]

City: | | | | | | | | | | | | | | | | | | | | State: | |

Zip: _____ County: _____

Telephone: | | | | - | | | | - | | | | FAX: | | | | - | | | | - | | | |

Trade Name: | | | | | | | | | | | | | | | | | | | | | |

Business Mailing Address: | | | | | | | | | | | | | | | | | | | | | |

City: | | | | | | | | | | | | | | | | | | | | | | State: | |

Zip: | | | | | County: | | | | |

Telephone: | | | | - | | | | | - | | | | | FAX: | | | | - | | | | | - | | | | |

City Limits: ☐ Inside ☐ Outside WA State Dept. of Revenue's UBI #: | | | | | | | | | |

E-Mail Address (if available): | | | | | | | | | | | | | | | | | | | | |

2. Have there been any changes to the following? Please answer all questions below.

(a) Business classification (Example: sole proprietorship to corporation, etc.)? ☐ Yes ☐ No

Organization Structural Changes: _____

(b) Trade name? ☐ Yes ☐ No

If Yes, what name were you previously licensed under:

Effective Date for new trade name: | | | - | | | - | | | | |

(c) Have you added or substantially changed any on-premises business activities other than food and / or drink? ☐ Yes ☐ No

Business Activity: _____

(d) Has the term of your premises lease been extended? ☐ Yes ☐ No

If Yes, send a copy of the signed and dated lease extension or new lease.

2. Have there been any changes to the following? Please answer all questions below. (Continued)

(e) In the number of corporate shares or LLC units authorized or issued? ☐ Yes ☐ No

- Total number of shares / units authorized? (Old) |_____|,|_____| (New) |_____|,|_____|
- Total number of shares / units issued? (Old) |_____|,|_____| (New) |_____|,|_____|

(f) To officers, board members, partners, stockholders, LLC members, substantial interest holders?
(See WAC 230-02-300.) (Attach additional sheets using same format, as needed) ☐ Yes ☐ No

- Title: |_____|
Last Name: |_____|
First Name: |_____| MI: |_____|
Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|-|_____|-|_____|
Work #: |_____|-|_____|-|_____| Home #: |_____|-|_____|-|_____|
Home Address: |_____|
City: |_____| State: |_____|
Zip: |_____| County: |_____|
Name of Spouse: |_____| MI: |_____|
Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|-|_____|-|_____|

(g) Status effecting ownership? ☐ Yes ☐ No

If Yes, mark ☒ one: ☐ Marriage ☐ Divorce ☐ Death ☐ Incapacity

Submit documents outlining the change, such as: copies of marriage certificate, divorce documents, death certificate, will, property settlement agreement, court documents outlining incapacity, etc. Additional information / documents may be required.

- Change Effective Date: |_____|-|_____|-|_____|
Please provide the following information on new spouse:
Last Name: |_____|
First Name: |_____| MI: |_____|
Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|-|_____|-|_____|
Work #: |_____|-|_____|-|_____| Home #: |_____|-|_____|-|_____|

(h) Any new gambling manager(s)? (Attach additional sheets using same format, as needed) ☐ Yes ☐ No

- Last Name: |_____|
First Name: |_____| MI: |_____|
Social Security #: |_____|-|_____|-|_____| Date of Birth: |_____|-|_____|-|_____|
Work #: |_____|-|_____|-|_____| Home #: |_____|-|_____|-|_____|
Home Address: |_____|
City: |_____| State: |_____|
Zip: |_____| County: |_____|

2. Have there been any changes to the following? Please answer all questions below. (Continued)

- (i) Any new loans? ☐ Yes ☐ No

Any new loans, draws on lines of credit, or cash / asset contributions obtained over the license year, which individually or collectively exceed a total of \$10,000, must be reported. Provide a written explanation and attach copies of loan documents to this renewal notice. Documents from recognized financial institutions may be omitted, but should be noted in your explanation. See WAC 230-12-305.

- (j) Have you added or amended agreements with any gaming equipment manufacturers or distributors? ☐ Yes ☐ No

If Yes, provide a copy of the signed and dated agreement.

3. Attach a list of all existing locations, including street address, involving your gambling activities in Washington State. (Example: warehouses, amusement centers, etc.)

4. COMMERCIAL AMUSEMENT GAMES APPLICANTS

- Has your revenue sharing agreement expired? ☐ Yes ☐ No

- (a) Have you changed route operators? ☐ Yes ☐ No

- (b) Do you have a new Amusement Game Manager? ☐ Yes ☐ No

If Yes, complete below:

Last Name: | | | | | | | | | | | | | | | | | | | | | |

[illegible]

Social Security #: | | | | - | | | - | | | | Date of Birth: | | | - | | | - | | | |

Home Address: | | | | | | | | | | | | | | | | | | | | | |

City: _____ State: _____

Zip: _____ Business Telephone: _____-_____-_____

Have you ever forfeited bail, been arrested / charged with a crime / convicted / jailed / or placed on probation for a crime? ☐ Yes ☐ No

Signature of Primary Game Manager
attesting to the criminal history:_____

- (c) Who are your adult supervisors:

- Last Name: | | | | | | | | | | | | | | | | | | | | | |

First Name: | | | | | | | | | | | | | | | | | | | | | | MI: | |

Social Security #: | | | | - | | | | - | | | | | Date of Birth: | | | | - | | | | - | | | |

Home Address: |

City: _____ State: _____

Zip: |_|_|_|_|_| County: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

- Last Name: _____

First Name: | | | | | | | | | | | | | | | | | | | | | | MI: | | |

Social Security #: | | | | - | | | | | Date of Birth: | | | | - | | | | |

Home Address: | | | | | | | | | | | | | | | | | | | | | |

City: _____ State: _____

Zip: | | | | | County: | | | | | | | | | | | | | | | | | | | | | |

Only the owner, a partner, managing LLC Member, President, or Chief Executive Officer may sign this application.

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for revocation / suspension of any gambling license(s) currently held. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against any substantial interest holder of the corporation / business during the licensure period, the commission must be informed. See WACs 230-04-022, 230-12-305, and 230-12-310.

Date: | | - | | - | | | |

Cell Phone (optional): | | | | | - | | | | | - | | | | |